

Nasopharyngeal Carcinoma: A Case Report

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Abstract

Introduction: Nasopharyngeal carcinoma is a type of cancer of the nose and throat. that is extremely rare. It starts behind the nose, at the upper region of your throat. The nasopharynx is the name for this area. The nasopharynx is perched perilously above the roof of your mouth at the base of your skull. Nasopharyngeal carcinoma is a type of cancer of the nose and throat. cancer that is rather uncommon. It starts behind the nose, at the upper region of your throat. The nasopharynx is the name for this area. The nasopharynx is perched perilously above the roof of your mouth at the apex of your cranium. The nasopharynx is a tube that connects the nose to the back of the throat nostrils open. When you breathe, air travels from your nose via your throat and nasopharynx to your lungs.

Main symptoms and Important clinical findings: -On the 7th July 2021. A year old 21 male was admitted to AVBRH with chief complaints of infection in nose, having inflammation of nose, blood in your saliva, Hearing loss, sore throat, Headache. Significant physical examination (PE) and important clinical findings. A lump in your neck caused by a swollen lymph node is one of the visible symptoms of nasopharyngeal cancer. Your saliva contains blood. Your nose has a bloody discharge. After a diagnosis of nasopharyngeal cancer, tests are performed to see if cancer cells have spread across the nasopharynx or to other areas of the body. Staging is a method of determining if cancer has migrated from the nasopharynx to other areas of the body.

The main diagnosis and therapeutic interventions and outcomes: -After physical examination and investigation this case was diagnosed having cervical with Nasopharyngeal carcinoma with chief complaints infection in nose, having inflammation of nose, blood in your saliva, hearing loss, sore throat, Headache.

Nursing propection:- Fluid Replacement i.e. DNS, and RL monitoring of vital signs per hourly.

Conclusion:- He was response to all medication as well as doctor treatment and his recovery was good.

Key word:- Cavernous sinus, MRI, nasopharyngeal cancer, radiosurgery, and the base of the skull .

Introduction: -

The cancer of the nose and throat is known as nasopharyngeal cancer. that is rather uncommon. It starts behind the nose, at the upper region of your throat. The nasopharynx is the name for this area. The nasopharynx is perched perilously above the roof of your mouth near your cranium's base. The nasopharynx is where your nostrils open. When you breathe, air travels from your nose via your throat and nasopharynx to your lungs. [1,2,3,4]

Nasopharyngeal malignancy is a type of cancer of the head and neck that is extremely rare. It starts behind the nose, at the upper region of your throat. The nasopharynx is the name for this area. The nasopharynx is perched perilously above the roof of your mouth at the base of your skull. Nasopharyngeal carcinoma is a type of cancer that develops in the space between your nose and your throat. Nasopharyngeal cancer is a type of cancer that affects the upper respiratory tract in the United States. carcinoma is uncommon. [5,6,7]

Nasopharyngeal cancer can be detected early. cancer is difficult. This is likely due to the difficulty of examining the nasopharynx, and nasopharyngeal carcinoma symptoms are similar to those of other, more common cancers. Illnesses Chemotherapy, radiation therapy, or a combination of the two are all options is Nasopharyngeal

cancer is routinely treated with this drug. You can work with your doctor to figure out the best course of action for your situation. Nasopharyngeal carcinoma (NPC) is a head and neck tumour that begins in the nasopharynx. Near the Eustachian tubes, the nasopharynx is positioned at the back of the nose. The Epstein-Barr virus is commonly, but not always, the cause of nasopharyngeal cancer, which is more common in Southeast Asia (EBV). [8,9,10]

Nasopharyngeal carcinoma is a squamous-cell carcinoma that develops in the nasopharyngeal epithelial lining and is not caused by lymphoma. The pharyngeal recess (Rosen muller's fossa) is frequently found in the nasopharynx, with varying degrees of differentiation, posteromedial to the medial crura of the eustachian tube opening. There are various histological forms that share endemic regions around the world, ranging from Squamous Cell Carcinoma (SCC) to the more common Undifferentiated Carcinoma of the Nasopharyngeal Type (UCNT). The disease is far more common in southern China, northern Africa, and Alaska. While NPC can affect anyone at any age, it follows a bimodal pattern of recurrence. The first peak occurs between the ages of 15 and 25, while the second peak occurs between the ages of 40 and 50. EBV infection is firmly connected to NPC. Symptomatology varies and might be misleading. The diagnosis was made via an endoscopy and a biopsy. The tumor's stage of development is of importance to the imaging business. The follow-up after treatment. Our research aims to: -Remind individuals of the basics of radioanatomy. - Recognize the main extension paths. - Justify the use of imaging for post-treatment monitoring. [11,12,13,14]

Patient specific information:

Patient information:

A 21-year-old male with nasopharyngeal carcinoma admitted on date 7th July 2021 for treatment. with major chief complaints was infection in nose, having inflammation of nose, unilateral hearing loss, nasal congestion, other symptoms of Nasal pharyngeal carcinoma A enlarged lymph node causes a bump in your neck. You have blood in your saliva. Your nose has a bloody discharge. Congestion in the nose or ringing in the ears. Hearing loss is a common problem. Ear infections on a regular basis, a sore throat Headaches.

Patient past medical and surgical history:

The patient does not have any previous medical or surgical history.

Family History and psychosocial History: There are another any types of Psychosocial background and family history present in family. Patient belongs to nuclear family and her medical history nasopharyngeal carcinoma he was mentally stable, conscious and oriented to date, time and place. he has maintained good relationship with doctors and nurses as well as other patients also.

Clinical findings: -

The patient was conscious and well oriented to date, time and place. Her body built was moderate and maintain good personal hygiene. A lump in your neck caused by a swollen lymph node is one of the visible symptoms of nasopharyngeal cancer. Your saliva contains blood. Your nose has a bloody discharge. After a diagnosis of nasopharyngeal cancer, tests are performed to see if cancer cells have spread across the nasopharynx or to other areas of the body. Staging is a method of determining if cancer has migrated from the nasopharynx to other areas of the body.

Timeline: - The patient was bad medical history. He took treatment on AVBRH and he got the proper treatment. Taking proper medication and now he has improvement in condition. Nasopharyngeal cancer that is low-grade. This indicates that cancer cells appear and behave normally, and the tumour grows slowly. This timeline contains historical and current information from this episode of care.

Diagnostic Assessment: - On the basis of patient's medical history, physical examination, blood investigations and other investigations the patient having nasopharyngeal carcinoma. The blood test sample report as Hb% 9.7gm and total RBC is 4.41 and WBC count 20200 and total platelet count 2.74 and Hearing test. Blood pressure 110/70 mmhg. No challenge experience during diagnostic evaluation

Prognosis: - Blood investigations show that the hemoglobin level slightly low. WBC level increase, fluid present in the middle ear.

Therapeutic interventions: -

Present case took the medical management with the patient in the treatment of nasopharyngeal carcinoma. Nasal drop, Radiation therapy is the most common treatment for NPC. It's frequently used in conjunction with chemotherapy. Concomitant chemoradiotherapy is the name for this method. Surgery is occasionally performed to treat NPC, primarily to remove lymph nodes following chemoradiotherapy or to treat NPC that has returned after initial treatment. therapeutic intervention modifications (with rationale). There were no difficulties noted during the therapy intervention.

Nursing perspectives: - IV fluid was provided to maintain the fluid and electrolyte imbalance. Monitor vital signs

Follow up and outcomes:

Clinical and patient assessed outcomes:After therapy, follow-up is a crucial aspect of cancer care. Follow-up for nasopharyngeal cancer is frequently divided between your family doctor and cancer specialists (radiation oncologist, medical oncologist, and head and neck surgeon). A speech therapist and a dentist may be part of your healthcare team for follow-up care. Your healthcare team will work with you to choose the best course of action for you. In spite of the all-carepatient progress in active health of the patient care of the present regular medication. Healthy diet will be recovered and health status are improved more than before condition.

Important follow up diagnostic and other test results:change occurs in all sign and symptoms such as infection in nose, unilateral hearing loss and numbness.

Discussion:Present case was admitted in hospital with chief complaints of infection in nose, unilateral hearing loss, headache, high grade fever, numbness, difficulty in breathing. He took treatment of anti-inflammatory drugs. Patient was stable. Hemoglobin was slightly normal i.e., 11gm % and blood pressure were normal that is 120/80 mmhg. [15,16,17]

According to review research. In terms of both the number of publication and the number of patients investigated. The majority of study focuses on patients. [18]

We did an endoscopic tumour sample from nasopharyngeal tissue in this case, having a cancerous skull base as a possible diagnosis tumour, but we were unable to achieve a pathologic diagnosis. Although a craniotomy-assisted open biopsy was eventually conducted, an endoscopic biopsy through the nose may have been performed instead, which would have been easier and less invasive. [19]

Computed tomography (CT) and magnetic resonance imaging (MRI) both have advantages and disadvantages. In fact, MR can identify anomalies that were previously mistaken on CT as oropharyngeal or parapharyngeal invasion as retropharyngeal nodes. In addition, it provides unique information such as infiltration of long neck muscles and pterygoid muscles, which are difficult to image with CT in most cases; other writers claim that MR can also identify cavernous sinus and early perineural invasion. The benefits are well demonstrated when the bone includes little or no fat marrow. When it comes to visualizing bone characteristics, CT has an edge over MR. This suggests that whenever base-of-skull involvement is suspected or likely but not clearly detected by MR, CT should be included in the pretherapeutic workup. Upstaging, in fact, causes a major change in treatment volume and may indicate the need for a more aggressive treatment locally. The essential clinical dilemma of distinguishing between post radiation changes and recurrent tumour appears to be less unclear with MR than with CT in terms of follow-up. As a result, even if it isn't a panacea, MR may be the preferred modality. [20,21,22,23]

Conclusion:

In the present period, treatment results for nasopharyngeal cancer have significantly improved; future trials should be based on updated baseline data. For future breakthrough, it's critical to reduce remote failure even further, especially in patients with advanced disease. Because NPC Symptoms of the nose aren't present, it is one of the most easily misdiagnosed tumors. Instead, It is possible that the patient experience Headache, hearing loss, and face pain are examples of non-specific indications and symptoms. Early optic nerve involvement is extremely unusual, even though symptoms generally develop after cerebral invasion. If you think you might have NPC, a prompt pathology to ensure patient survival, high-dose radiation therapy is essential, along with early adjuvant chemoradiotherapy for a long time.

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